

## Violet Ruelokke Primary Health Care Award (CE)

This bursary has been established to strengthen nursing leadership capacity in primary health care. Applications will be accepted from RNs pursuing non-credit continuing education that aims to develop/strengthen knowledge and skill for primary health care practice.

### NOTE: THIS IS NOT AN APPLICATION FORM

You will be required to provide the following information on your application:

#### A. Personal Information

- Contact information (Name, Address, Phone, E-mail\*)
- ARNNL Registration Number **\*REQUIRED**
- Social Insurance Number (Required for [Income Tax](#) purposes)
- Length of time living in NL
- Previous Trust bursaries and year received

#### B. Employment Details

Employment details are used to demonstrate the relevance of the program/event to your nursing practice.

- Employer – RHA, Educational Institution, Private/Self Employed, Other
  - Site (e.g., St. Clare's Mercy Hospital)
  - Area of Responsibility/Specialty Area **\*REQUIRED**
- NOTE: Please use your area of practice, **not** your employment position

#### C. Course/Program/Certification Details

- How the program/event relates to your nursing practice (checkboxes) – question is to be completed whether you are applying for a conference/workshop, program/course or certification.
  - (i) Conference/Workshop
    - Conference/Event title
    - Organizers
    - City/Town and Province (or State/Country if event is international)
    - Dates
    - Are you presenting at the conference?
  - (ii) Program or Course (e.g., post-basic course/program, etc.)
    - Program/Course (name/title)
    - Offered by
    - Start Date/End Date
    - Number of courses required
    - Are you currently enrolled in/registered for the CE Event?
  - (iii) Certification
    - Certification (e.g., specialty, Diabetes Educator, etc.)
    - Organizers
    - Certification Date
    - Currently enrolled/exam scheduled

#### D. Budget

- Costs – include eligible costs (with applicable taxes)
  - Registration
  - Travel
  - Accommodation

- Other
- Total Cost

Other Sources of Financial Assistance

- Funding source and amount of any funding you have applied for or received to date to assist with the costs of the program/event and whether the funding has been approved.

**E. Personal Statement**

- A brief statement (maximum **250** words) about your career plans that includes how this program/event will contribute to the development of enhancement of your leadership capacity to work within primary health care.

**F. Reference**

- One reference from a nurse in a leadership position (e.g., manager, supervisor, etc.) who can speak to your motivation and initiative with regard to your nursing practice and potential for contributions to primary health care. You must provide your ARNNL Registration Number and email address to your referee. This information is required in order to complete the reference form.

**Important Notes:**

- If your application is successful, you will be required to submit **verification of eligible costs** (e.g., receipt for tuition and/or exam fees) and **proof of attendance** (for conferences) or **proof of successful completion** of the course/program/certification exam in order to claim your bursary. Any additional documentation requirements will be outlined in the notification email you receive from the Trust.
- If you are successful in achieving **full funding** from other sources you will be asked to accept the other funding. If you receive notification that you have received full funding after you have received your bursary from the Trust, you are ***required to notify the Trust and return the Trust funds.***

Updated: June 2018